
Name

Address

City State Zip Code

Phone Number

[] PETITIONER/[] RESPONDENT PRO SE

**MONTANA _____ JUDICIAL DISTRICT COURT
_____ COUNTY**

In re the Marriage of:

_____,
Petitioner,

and

_____,
Respondent.

Cause No.: _____

**[] Petitioner's/[] Respondent's
[] Preliminary/[] Final
Declaration of Disclosure of Assets,
Debts, Income, and Expenses**

Warning: Montana law, M.C.A. § 40-4-252, requires the full disclosure of all assets, debts, income, and expenses. Failure of either party to file a complete financial disclosure statement shall authorize the Court to accept the statement of the other party as accurate. Any deliberately false statement made hereon or on any schedules or attachments may subject you to the penalty of perjury or other appropriate relief and may be considered a fraud upon the Court.

If you need additional space on which to list your assets, debts, income, or expenses, please attach additional sheets of paper as necessary. Do not write in the margins or on the reverse sides of the pages of this document.

1. Disclosure of Assets

a. Real Estate

<u>Description</u>	<u>Estimated Value</u>	<u>Name(s) on Title</u>
Address: _____ Legal Description: _____ _____ Is there a secured debt on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount owed: _____ As of: ____/____/____ Lender: _____		
Address: _____ Legal Description: _____ _____ Is there a secured debt on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount owed: _____ As of: ____/____/____ Lender: _____		

b. Vehicle(s)

<u>Description</u>	<u>Estimated Value</u>	<u>Name(s) on Title</u>
Year/Make/Model: _____ VIN#: _____ Is there an outstanding loan on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount owed: _____ As of: ____/____/____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Is there an outstanding loan on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount owed: _____ As of: ____/____/____ Lender: _____		

<u>Description</u>	<u>Estimated Value</u>	<u>Name(s) on Title</u>
Year/Make/Model: _____ VIN#: _____ Is there an outstanding loan on the vehicle? [] Yes [] No If yes, amount owed: _____ As of: ____/____/____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Is there an outstanding loan on the vehicle? [] Yes [] No If yes, amount owed: _____ As of: ____/____/____ Lender: _____		

c. Bank Accounts and Cash

<u>Description</u> (include name of bank and account number)	<u>Balance as of</u> ____/____/____	<u>Name(s) on Account</u>
Cash		XXXXXXXXXX

d. Pensions/Retirement Accounts; Life Insurance (Cash Value); Stocks, Bonds, Secured Notes, Mutual Funds

<u>Description</u>	<u>Estimated Value</u>	<u>Name(s) on Account</u>

e. Personal Property (including appliances, furniture, jewelry, art, guns, etc.)

[illegible]

f. Business Interests (including equipment, tools, livestock, etc.)

<u>Description</u>	<u>Estimated Value</u>	<u>Name(s) on Title</u>

g. Other Assets

<u>Description</u>	<u>Estimated Value</u>	<u>Name(s) on Title</u>

2. Disclosure of Debts

<u>Description</u>	<u>Creditor</u>	<u>Amount Owed</u>	<u>Name on Debt</u>
<i>Secured Debt on Real Property</i>	<i>(See 1(a) above)</i>	<i>XXXXX</i>	<i>XXXXXXXXXX</i>
<i>Vehicle Loan(s)</i>	<i>(See 1(b) above)</i>	<i>XXXXX</i>	<i>XXXXXXXXXX</i>
Utility Bill(s):			

<u>Description</u>	<u>Creditor</u>	<u>Amount Owed</u>	<u>Name on Debt</u>
Credit Card(s):			
Student Loan(s):			
Medical Expenses:			
Other Liabilities:			

3. **Disclosure of Income**

The ☐ Petitioner/ ☐ Respondent has the following income:

<u>Source of Income</u>	<u>Amount per Month</u>
Gross Wages, Salary, Commissions	
Rents, Interests, Dividends	
Self Employment Earnings	
Unemployment or Worker's Compensation	
Social Security Benefits, including SSI	
Public Assistance	
Food Stamps	

<u>Source of Income</u>	<u>Amount per Month</u>
Pension, Retirement	
Child Support	
Dependent's Benefits	
Other Income (<i>describe</i>):	

4. **Disclosure of Expenses**

The [] Petitioner/[] Respondent has the following expenses:

<u>Description of Expense</u>	<u>Amount per Month</u>
Taxes and other money withheld from income	
Retirement	
Health Insurance (self and children)	
Medical Expenses	
Housing (rent or mortgage payment)	
Property Taxes	
Property Insurance	
Transportation	
Car Insurance	
Student Loans	
Utilities	
Telephone	
Clothing	
Food and Household Supplies	
Child Care	

<u>Description of Expense</u>	<u>Amount per Month</u>
Child Support Payments	
Other Expenses (<i>describe</i>):	

DATED this ____ day of _____, 20__.

Signature

Print Name

[☐]Petitioner/ [☐]Respondent Pro Se

STATE OF MONTANA)
) ss.
COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me this ____ day of _____,
20____.

(Seal)

Name (*printed*): _____
Notary Public for the State of Montana
Residing at _____
My commission expires _____